



ROYAL GOVERNMENT OF BHUTAN
NAME OF HCC
DZONGKHAG
Leave against medical advice

Declaration

This is to certify that I _____ bearing CID No. _____ request to leave against medical advice at my own insistence and without the authority of and against medical advice of attending Doctor(S). A member of the medical staff has explained the medical risk/benefits to me and I understand those risks. I hereby release the health center, its administration, which may result by my leaving under these circumstances.

Name: _____ Age/Sex: _____ Bed No.: _____

Hosp. Reg. No. _____ ICD Code: _____

Date & time of admission: _____ Date & Time of discharge: _____

Diagnosis/ condition: _____

Condition on Discharge: _____